



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

646.3313

Job Sheet 170458



Part No: 646.3313

Job Qty: 12 ea

Part Name: Upper Guide



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 1/16/18

Job Tracking No:

Due Date: 1/24/18

Created By: Linda Lacelle

Type: SOLD

Description:

Note: DWG REV A SHEET 7 IPP REV:A NEW ISSUE 12/11/14 JFS VERIFY BY: JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |              | Sign-off     |
|-------|------------------------|--------|------------|----------|-----------|---------|-----------------------|--------------|--------------|
|       |                        |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time    |              |
| 90    | Start up Operation     | 12 Ea  |            | 1/10/18  | 0.00      | 0.00    | Start Up Machining-1  |              | JLC 18/02/18 |
| 100   | Bandsaw                | 12 pcs |            | 1/10/18  | 0.00      | 0.27    | Bandsaw1              |              | SL 18/02/18  |
| 110   | CNC Vertical Machining | 12 pcs |            | 1/11/18  | 1.20      | 7.45    | HAAS1-1               |              | mmc 18/02/18 |
| 120   | QC                     | 12 pcs |            | 1/11/18  | 0.00      | 0.00    | QC2 Machining-1       |              |              |
| 130   | QC                     | 12 pcs |            | 1/11/18  | 0.00      | 0.00    | QC8 Machining-1       |              | FK 18-2-6    |
| 140   | Outsource              | 12 pcs |            | 1/24/18  |           |         | ATG001-VC             | Outsource 10 |              |
| 150   | Packaging              | 12 pcs |            | 1/24/18  | 0.00      | 0.00    | Packaging2            |              | DAS          |
| 155   | QC                     | 12 pcs |            | 1/24/18  | 0.00      | 0.00    | QC5                   |              | 38           |
| 180   | Packaging              | 12 pcs |            | 1/24/18  | 0.00      | 0.00    | Packaging3-1          |              | MAR 02 2018  |
| 190   | QC21-SA                | 12 Ea  |            | 1/24/18  | 0.00      | 0.00    | QC21                  |              | MAR 02 2018  |

Part Op 100 - Cut Blank at 13.500"

Descriptions: 110 - 1-Machine per folio FB152

140 - Issue P/O to ATG : 038769 Hard Anodize Color Black and Prime as per DWG 646.3300

180 - \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

FEB 12 2018

### Job Allocations

| Operation             | Component Part      | Required | Inventory | Allocated | Std Qty |
|-----------------------|---------------------|----------|-----------|-----------|---------|
| 90-Start up Operation | M7075T6S0.375X5.000 | 7        | 62        | 0         | 0       |

5030438

13.5 x 6 = (6.75) \* 5037047  
(91)





| Part Specifications |             |                                |                  |          |                  |
|---------------------|-------------|--------------------------------|------------------|----------|------------------|
| Spec No             | Description | Target/Tolerance               | Limits           | Type     | Special Comments |
| 1                   | Upper Guide | 3.070inches $\pm$ 0.010        | 3.080<br>3.060   |          | 3.070            |
| 2                   | Upper Guide | 12.890inches $\pm$ 0.010       | 12.900<br>12.880 |          | 12.885           |
| 3                   | Upper Guide | 0.375inches $\pm$ 0.005        | 0.380<br>0.370   |          | .374             |
| 4                   | Upper Guide | 0.130inches $\pm$ 0.010        | 0.140<br>0.120   |          | .130             |
| 5                   | Upper Guide | 45.000Degrees $\pm$ 0.500      | 45.500<br>44.500 | Angle    | 45°              |
| 6                   | Upper Guide | 0.209inches + 0.005<br>- 0.001 | 0.214<br>0.208   | diameter | .209             |
| 7                   | Upper Guide | 0.350inches $\pm$ 0.005        | 0.355<br>0.345   |          | 0.350            |
| 8                   | Upper Guide | 1.313inches $\pm$ 0.002        | 1.315<br>1.311   |          | 1.313            |
| 9                   | Upper Guide | 2.363inches $\pm$ 0.005        | 2.368<br>2.358   |          | 2.362            |
| 10                  | Upper Guide | 0.873inches $\pm$ 0.005        | 0.878<br>0.868   |          | .873             |
| 11                  | Upper Guide | 0.177inches + 0.005<br>- 0.001 | 0.182<br>0.176   | diameter | .177             |

Plex 1/16/18 1:33 PM dart.lacelle.linda



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

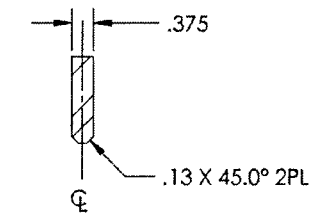
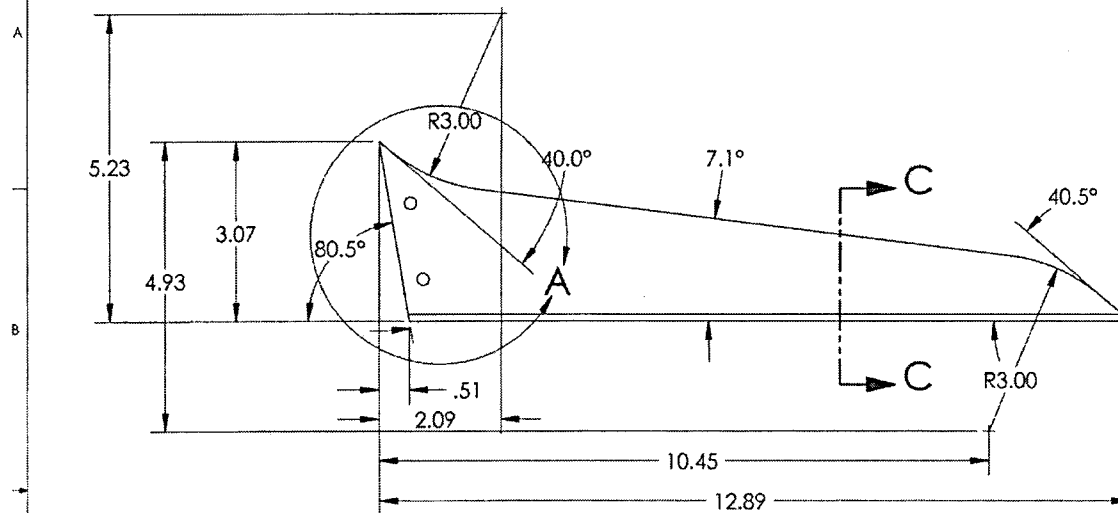


## WORK ORDER NON-CONFORMANCE / UPDATE

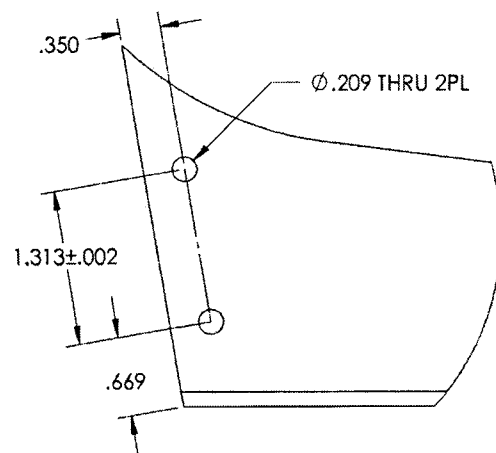
QA Closed: DAS Date: DEC 13 2018Work Order update only ☐

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| Work Order: <u>53</u><br><u>90458</u><br>Part No. <u>646</u><br><u>636.3313</u><br>NCR No. <u>18-7041</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input checked="" type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input checked="" type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                                |                                                                       | Skid-tube <input type="checkbox"/>           | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>    | Engineering <input type="checkbox"/>              | Machining <input checked="" type="checkbox"/> | Small Fab <input type="checkbox"/>    | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>  | Thermoforming <input type="checkbox"/>   | Finishing <input type="checkbox"/>          | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>            | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                          |                                           |                                           |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                                |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Machining <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Small Fab <input type="checkbox"/>                                                                                                                                                        | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Quality <input type="checkbox"/>               |                                                                       |                                              |                          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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Date: <u>18/02/05</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: <u>110</u>                                                                                                                                                                        | QTY Effective: <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MRB (QSI042) Approval<br><u>AD 18-02-05</u>    |                                                                       |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           | 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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                                                                                                                                                                                                                |                                                | Completed By<br><u>S.C.</u><br><u>18/02/05</u>                        |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           | 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|                                        |                                      |                                                |                                           |
| (2) Piece moved in jig<br>resulting in out of tolerance<br>pieces<br>for The 3rd piece: The tool<br>did <u>not</u> clip in spindle properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                           | slow feed of rougher<br>and torque bolts tighter<br>(Rougher had significant wear on)<br>flutes so it was replaced<br>with a new one, progr can stay<br>as is.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | Lead hand / Supervisor<br>Approval Verification<br><u>AD 18-02-05</u> |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           |                                    |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                        |                                      |                                                |                                           |
| QC / QA Coordinator<br>Approval<br><u>AD 18-02-05</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                        |                                      |                                                |                                           |
| <b>Root Cause</b><br><table style="width:100%;"> <tr> <td>Environment <input type="checkbox"/></td> <td>No Re-verification <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input checked="" type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input checked="" type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                           | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No Re-verification <input type="checkbox"/>    | Design <input type="checkbox"/>                                       | Operator <input checked="" type="checkbox"/> | Doc/Data <input type="checkbox"/>   | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input checked="" type="checkbox"/> | Supplier <input type="checkbox"/>             | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>          | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>    | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/>   | LOA <input type="checkbox"/>       | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%;"> <tr> <td>Pressure/Forced <input type="checkbox"/></td> <td>Temperature/Cure <input type="checkbox"/></td> <td>Power Loss/Surge <input type="checkbox"/></td> <td>Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Part Moved</td> </tr> <tr> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> </table> |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | <input checked="" type="checkbox"/> Part Moved | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                                | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Part Lost/Missing <input type="checkbox"/>     |                                                                       |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           |                                    |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                        |                                      |                                                |                                           |
| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contamination <input type="checkbox"/>                                                                                                                                                    | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Part Moved |                                                                       |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           |                                    |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                        |                                      |                                                |                                           |
| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Countersink <input type="checkbox"/>                                                                                                                                                      | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Drawing <input type="checkbox"/>               |                                                                       |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           |                                    |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                        |                                      |                                                |                                           |
| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Cut Too Short <input type="checkbox"/>                                                                                                                                                    | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Finish <input type="checkbox"/>                |                                                                       |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           |                                    |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                        |                                      |                                                |                                           |
| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                                  | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Misread <input type="checkbox"/>               |                                                                       |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           |                                    |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                        |                                      |                                                |                                           |
| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drill Holes <input type="checkbox"/>                                                                                                                                                      | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Turning Sequence <input type="checkbox"/>      |                                                                       |                                              |                                     |                                       |                                                   |                                               |                                       |                                            |                                   |                                          |                                             |                                              |                                           |                                    |                                    |                                              |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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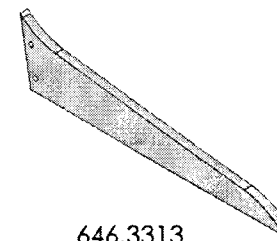
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF  
APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT  
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



SECTION C-C



DETAIL A



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| ORIGINAL DATE<br>(M/D/Y) 10/04/08<br>DRAWN BY<br>1. HUN P. BRAYO<br>DRAWING APPROVAL<br>2. BRAYO<br>3. BRAYO<br>4. BRAYO<br>5. BRAYO<br>6. BRAYO<br>7. BRAYO<br>8. BRAYO<br>9. BRAYO<br>10. BRAYO<br>11. BRAYO<br>12. BRAYO<br>13. BRAYO<br>14. BRAYO<br>15. BRAYO<br>16. BRAYO<br>17. BRAYO<br>18. BRAYO<br>19. BRAYO<br>20. BRAYO<br>21. BRAYO<br>22. BRAYO<br>23. BRAYO<br>24. BRAYO<br>25. BRAYO<br>26. BRAYO<br>27. BRAYO<br>28. BRAYO<br>29. BRAYO<br>30. BRAYO<br>31. BRAYO<br>32. BRAYO<br>33. BRAYO<br>34. BRAYO<br>35. BRAYO<br>36. BRAYO<br>37. BRAYO<br>38. BRAYO<br>39. BRAYO<br>40. BRAYO<br>41. BRAYO<br>42. BRAYO<br>43. BRAYO<br>44. BRAYO<br>45. BRAYO<br>46. BRAYO<br>47. BRAYO<br>48. BRAYO<br>49. BRAYO<br>50. BRAYO<br>51. BRAYO<br>52. BRAYO<br>53. BRAYO<br>54. BRAYO<br>55. BRAYO<br>56. BRAYO<br>57. BRAYO<br>58. BRAYO<br>59. BRAYO<br>60. BRAYO<br>61. BRAYO<br>62. BRAYO<br>63. BRAYO<br>64. BRAYO<br>65. BRAYO<br>66. BRAYO<br>67. BRAYO<br>68. BRAYO<br>69. BRAYO<br>70. BRAYO<br>71. BRAYO<br>72. BRAYO<br>73. BRAYO<br>74. BRAYO<br>75. BRAYO<br>76. BRAYO<br>77. BRAYO<br>78. BRAYO<br>79. BRAYO<br>80. BRAYO<br>81. BRAYO<br>82. BRAYO<br>83. BRAYO<br>84. BRAYO<br>85. BRAYO<br>86. BRAYO<br>87. BRAYO<br>88. BRAYO<br>89. BRAYO<br>90. BRAYO<br>91. BRAYO<br>92. BRAYO<br>93. BRAYO<br>94. BRAYO<br>95. BRAYO<br>96. BRAYO<br>97. BRAYO<br>98. BRAYO<br>99. BRAYO<br>100. BRAYO |  | 3030 ENTERPRISE CT.,<br>SUITE A<br>VISTA, CA. 92081<br>(760)-724-5300 |  |
| UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES<br>TOLERANCES ARE:<br>2 PLACE DECIMALS ±.01<br>3 PLACE DECIMALS ±.005<br>ANGLES ±.5°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | DART<br>AEROSPACE<br>APICAL INDUSTRIES INC.<br>APICAL AEROSPACE       |  |
| PART CODE CODE<br>B 07M26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | DWG. NO.<br>646.3300                                                  |  |
| SCALE NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | SHEET 5 OF 8                                                          |  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                          |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER PO038709

**Supplier:** ATG001-VC  
A.T.G. Industries Inc  
731 INDUSTRIELLE ROAD  
ROCKLAND  
ON  
K4K 1T2 Canada  
Phone: 613-446-4544  
Fax: 613-446-4556

**Attention:** Lalande, Marc-Andre

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO038709  
**PO Date:** 2/12/18  
**Due Date:** 2/23/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Phone:

**Via:** Ground  
**Pymt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

**E-MAILED**  
FEB 13 2018

| Items     |        |                    |                                                                                                                                                                                                   |        |          |                |                   |         |                  |                |
|-----------|--------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item | Job    | Part               | Description                                                                                                                                                                                       | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 1         | 169382 | 647.2114           | Upper U Channel<br>Issue P/O to ATG : _____ 1-<br>Anodize as per MPP-172 sect. 2.1 2-<br>Pretreatment as per MPP-172 sect. 3.3 3-Prime as per MPP-172 sect. 4.3<br>As Per Dwg 647.2100 Rev. E     | Firmed | 3/2/18   | 10 pcs         | 0 pcs             | 10 pcs  | \$13.52/pcs      | \$135.20       |
|           |        |                    |                                                                                                                                                                                                   |        |          | ✓ 2x           | AT 18/02/22       |         |                  |                |
|           |        |                    |                                                                                                                                                                                                   |        |          | 8x             | AT 18/03/01       |         |                  |                |
| 2         | 169389 | 647.7821           | Eye Bolt Fitting LH<br>Issue P/O to ATG : _____ 1-<br>Black Anodize as per Dwg 647.7800<br>Rev. A<br>2- PRIME AS PER DWG 648.7800<br>Rev. A                                                       | Firmed | 3/2/18   | 15 pcs         | 0 pcs             | 15 pcs  | \$11.32/pcs      | \$169.80       |
|           |        |                    |                                                                                                                                                                                                   |        |          | ✓ 15x          | AT 18/03/01       |         |                  |                |
| 3         | 169518 | RBW109-3101-58-2-7 | Handle<br>-Issue P/O to ATG : _____<br>-ANODIZE COLOR CLEAR, PER<br>IAW MIL-A-8625F TYPE 2 CLASS 1,<br>Water sealant<br>As Per Dwg RBW109-3101-58-2-7<br>Rev. 3                                   | Firmed | 2/21/18  | 1 pcs          | 0 pcs             | 1 pcs   | \$20.12/pcs      | \$20.12        |
|           |        |                    |                                                                                                                                                                                                   |        |          | ✓ 1x           | AT 18/02/22       |         |                  |                |
| 4         | 170458 | 646.3313           | Upper Guide<br>Issue P/O to ATG : _____<br>Hard Anodize Color Black and Prime<br>as per DWG 646.3300                                                                                              | Firmed | 3/2/18   | 9 pcs          | 0 pcs             | 9 pcs   | \$15.37/pcs      | \$138.33       |
|           |        |                    |                                                                                                                                                                                                   |        |          | ✓ 9x           | AT 18/03/01       |         |                  |                |
| 5         | 170538 | RBE350A93-3205-00E | Engine G/B Input Flange Holding<br>Wrench<br>-Issue P/O to ATG : PO<br><br>-ANODIZE COLOR RED, PER IAW<br>MIL-A-8625 TYPE-2 CLASS-2, Water<br>sealant<br>As Per Dwg RBE350A93-3205-00E<br>Rev. 2A | Firmed | 2/21/18  | 6 pcs          | 0 pcs             | 6 pcs   | \$11.65/pcs      | \$69.90        |
|           |        |                    |                                                                                                                                                                                                   |        |          | ✓ 6x           | AT 18/02/22       |         |                  |                |
| 6         | 170553 | 647.0116           |                                                                                                                                                                                                   | Firmed | 3/2/18   | 20 pcs         | 0 pcs             | 20 pcs  | \$9.67/pcs       | \$193.40       |
|           |        |                    |                                                                                                                                                                                                   |        |          | ✓ 20x          | AT 18/03/01       |         |                  |                |



A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

## Pack List

Number: 914685

Date: 28-Feb-18

### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

### Ship To

Diane Baker  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

|                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                  |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|
| <b>Terms</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  | <b>Ship Via</b> |  |
|                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                  | OUR TRUCK       |  |
| <b>Quantity</b>                                                                                                                                                                                                | <b>Description</b>                                                                                                                                                                                                                                                               |                 |  |
|                                                                                                                                                                                                                | Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                                                                  |                 |  |
| 8<br>ea                                                                                                                                                                                                        | Part: 647.2114 Rev: E<br>Upper U Channel<br>Anodize as per MPP-172 sect. 2.1 2 -Pretreatment as per MPP-172 sect 3.3<br>3-Prime as per MPP-172 sect 4.3<br>Job: 22527 PO: PO038709 Line: 1                                                                                       |                 |  |
| 15<br>ea                                                                                                                                                                                                       | Part: 647.7821 Rev: A<br>Eye Bolt Fitting LH<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0001-.0002" (1<br>- 2 mils) per drawing.<br>Job: 22528 PO: PO038709 Line: 2 |                 |  |
| 9<br>ea                                                                                                                                                                                                        | Part: 646.3313 Rev: A<br>Upper Guide<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6<br>- .9 mils) per drawing.<br>Job: 22530 PO: PO038709 Line: 4       |                 |  |
| 20<br>ea                                                                                                                                                                                                       | Part: 647.0116 Rev: B<br>Doubler<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6<br>- .9 mils) per drawing.<br>Job: 22532 PO: PO038709 Line: 6           |                 |  |
| CERTIFICATE OF CONFORMANCE<br>A.T.G. Industries Inc. certifies that all items in this shipment conform to the requirements.<br><br>Date: 28/2/18<br>Certified Signature: <i>[Signature]</i><br>Made in Canada. |                                                                                                                                                                                                                                                                                  |                 |  |





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Number: 914685

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| Terms    | Ship Via                                                                                                                                                                                           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | OUR TRUCK                                                                                                                                                                                          |
| Quantity | Description                                                                                                                                                                                        |
|          | Receiver Signature: _____                                                                                                                                                                          |
|          | A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.                                                                                                              |
|          | Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt. |
|          | Made in Canada.                                                                                                                                                                                    |